

FILED JAN 15 1951

THE DEPARTMENT OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 94

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 5069		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Pratt			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural, Lamar Twp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Croft, Lamar Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Lamar, Mo.				d. STREET ADDRESS None			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Oscar Merrill Miner							
4. DATE OF DEATH (Month) (Day) (Year)		Jan. 1, 1951					
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Dec. 31, 1896	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Fairmont, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Frederick James Miner		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Julia B. Miner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Mr. Frederick O. Miner			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old coronary disease DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 days 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lamar		21c. CITY, TOWN, OR TOWNSHIP Barton		21d. COUNTY Pratt	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec. 26, 1950, to Jan. 1, 1951, that I last saw the deceased alive on Jan. 1, 1951, and that death occurred at 9 p. m., from the causes and on the date stated above.							
23a. SIGNATURE D. R. Guedner M.D.		23b. ADDRESS L A M A R		23c. DATE SIGNED 2.1.51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/5/1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Enid, Oklahoma	
DATE REC'D BY LOCAL REG. JAN 2 - 1951		REGISTRAR'S SIGNATURE Marie Korant-Chambers		25. FUNERAL DIRECTOR'S SIGNATURE H. Childs		ADDRESS Lamar Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 8 1951

Dist. File 127-24

Date Filed 1-8-51

*comple.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, only

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clarence H. Chiles*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lamar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.